

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**

In re: THOM ADAMS § Case No. 17-80521
§
§
§
§ Debtor(s)

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Lydia S. Meyer, Chapter 13 Trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The Trustee declares as follows:

- 1) The case was filed on 03/09/2017.
 - 2) The plan was confirmed on NA.
 - 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on NA.
 - 4) The Trustee filed action to remedy default by the debtor(s) in performance under the plan on NA.
 - 5) The case was converted on 05/12/2017.
 - 6) Number of months from filing or conversion to last payment: NA.
 - 7) Number of months case was pending: 3.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: \$0.00.
 - 10) Amount of unsecured claims discharged without full payment: \$0.00.
 - 11) All checks distributed by the Trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor(s)	\$ 0.00
Less amount refunded to debtor(s)	\$ 0.00
NET RECEIPTS	\$ 0.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$ 0.00
Court Costs	\$ 0.00
Trustee Expenses & Compensation	\$ 0.00
Other	\$ 0.00
TOTAL EXPENSES OF ADMINISTRATION	\$ 0.00
Attorney fees paid and disclosed by debtor(s):	\$ 1,150.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
ATTORNEY MARK E ZALESKI	Lgl	4,000.00	4,000.00	4,000.00	0.00	0.00
TCF NATIONAL BANK	Sec	15,000.00	35,258.15	15,000.00	0.00	0.00
CHASE	Uns	7,500.00	NA	NA	0.00	0.00
CONVERGENT HEALTHCARE	Uns	200.00	NA	NA	0.00	0.00
OSF SAINT ANTHONY MEDICAL	Uns	1,200.00	NA	NA	0.00	0.00
ROCKFORD HEALTH SYSTEMS	Uns	0.00	NA	NA	0.00	0.00
WALMART / GEMB	Uns	1,000.00	NA	NA	0.00	0.00
TCF NATIONAL BANK	Uns	0.00	6,891.53	6,891.53	0.00	0.00

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 15,000.00	\$ 0.00	\$ 0.00
Debt Secured by Vehicle	\$ 0.00	\$ 0.00	\$ 0.00
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL SECURED:	\$ 15,000.00	\$ 0.00	\$ 0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL PRIORITY:	\$ 0.00	\$ 0.00	\$ 0.00
GENERAL UNSECURED PAYMENTS:	\$ 6,891.53	\$ 0.00	\$ 0.00

Disbursements:

Expenses of Administration	\$ 0.00
Disbursements to Creditors	\$ 0.00
TOTAL DISBURSEMENTS:	\$ 0.00

12) The Trustee certifies that the foregoing summary is true and complete and all administrative matters for which the Trustee is responsible have been completed. The Trustee requests that the Trustee be discharged and granted such other relief as may be just and proper.

Date: 06/09/2017

By: /s/ Lydia S. Meyer
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.